

9630

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 76	
County of <u>Cochise</u>	District of <u>Warren</u>	Co. Register No. <u>369</u>	
Town of _____	City of <u>Bisbee</u>	Local Registrar's No. _____	
(No. _____)		St. _____ Ward _____	
FULL NAME OF CHILD <u>Germinis Thomas</u>		{ Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		{ Alive } NO	
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and { Number in order of birth <u>2</u> }	Legitimate? <u>yes</u>
Date of Birth <u>5-24</u> 191 <u>9</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Germinis Thomas</u>		Full Maiden Name <u>Josefa Silva</u>	
Residence <u>Deceased</u>		Residence <u>Bisbee</u>	
Color or Race <u>White</u>	Age at last Birthday <u>41</u> (Years)	Color or Race <u>Mex.</u>	Age at last Birthday <u>29</u> (Years)
Birthplace <u>Colo.</u>		Birthplace <u>Mexico.</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>5-24</u> 191 <u>9</u> , at <u>B.</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return. }		(Signature) <u>W. B. Bryan</u>	
Given or Christian name added from a supplemental report _____ 191 <u>9</u>		(Attending physician, midwife, householder. *) <u>Bisbee</u>	
Address _____		LOCAL REGISTRAR.	
Filed <u>May 30</u> 191 <u>9</u>		A True Copy	
432-524-121		H. Reese	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	